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October 26, 2006

Maryland Health Care Commission
Linda Cole, Chief, Long-Term Care Policy and Planning
4160 Patterson Avenue
Baltimore, MD 21215

Re: Proposed changes to COMAR 10.24.08, State Health Plan for Facilities and Services: Nursing Home, Home Health Agency and Hospice Services

Dear Ms. Cole:

Thank you for the opportunity to review and respond to the Maryland Health Care Commission's (MHCC) proposed changes to the State Health Plan for Facilities and Services: Nursing Home, Home Health Agency and Hospice Services. As a provider of in-home hospice services for over 20 years, Carroll Hospice is pleased to participate in this review process.

Carroll Hospice is in support of the comments made by the Hospice Network of Maryland, but wanted to address some additional concerns specifically related to access to hospice providers in rural areas and the need projections proposed by the MHCC.

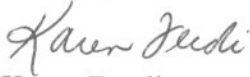
The new MHCC need methodology segregates counties into rural and urban. It is not clear how this designation was determined. The U.S. Census Bureau defines Carroll County as part of the Core Metropolitan Statistical Area in Baltimore. For this reason, we feel that Carroll County should be designated as urban and not rural. In addition the rationale for changing the thresholds and how the urban/rural thresholds were defined is not clear. Carroll Hospice would be happy to work with the MHCC and other members of the Hospice Network of Maryland to review the methodology and help develop a comprehensive model that can address the needs of hospice patients.

The MHCC also states that access to choice is a critical concern. Carroll Hospice believes that access to a choice of hospice provider is already addressed for Carroll County. There are currently 5 hospices currently providing services in Carroll County. We think that the current plan has worked well to facilitate access to choice in Carroll County. Additionally, Carroll Hospice disputes the MHCC's claim that providers in a rural area have more difficulty meeting growth needs. In fact, Carroll Hospice saw its volumes grow 9% from 2004 – 2005 versus the county's hospice volume growth of 1.5%. Carroll Hospice has always made patient access a number one priority. Carroll Hospice has seen volumes increase 45% from 2000 – 2005 and has always been able to provide the level of care that patients expect by increasing staffing to meet the volume needs.

Carroll Hospice maintains agreements to provide hospice care to patients in all skilled nursing facilities in the surrounding area and maintains an excellent working relationship with these facilities. As the provider of choice in Carroll County, Carroll Hospice is continuing to meet the needs of its patients and in December will be opening an inpatient hospice facility and has been able to successfully recruit the staff needed to open this additional level of care. Carroll Hospice strongly disagrees that adding another hospice provider to the list of 5 that are currently doing business in Carroll County is necessary and feels that doing so might make the recruitment and retention of staff difficult for all agencies providing hospice services in Carroll County.

Again, Carroll Hospice appreciates the opportunity to comment on the proposed changes and looks forward to continued dialogue with the Commission staff regarding this chapter of the state health plan.

Sincerely,

A handwritten signature in cursive script, appearing to read "Karen Feroli".

Karen Feroli
Executive Director

Cc: Amy Broderick, Hospice Network of Maryland